



COMMONWEALTH OF MASSACHUSETTS

Office of Consumer Affairs and Business Regulation  
Home Improvement Contractor Registration Program  
P. O. Box 419291 • Boston, MA 02241-9291

APPLICATION FOR RENEWAL OF REGISTRATION  
HOME IMPROVEMENT CONTRACTOR OR SUBCONTRACTOR  
MGL Chapter 142A, 201 CMR 18.00

**NOTE: You may also renew online and pay with credit card at [www.mass.gov/renewHIC](http://www.mass.gov/renewHIC)**

**REQUIRED RENEWAL FEE:**

**\$100**

**ONLY CERTIFIED CHECKS OR MONEY ORDERS CAN BE ACCEPTED.**  
ANY OTHER FORM OF PAYMENT, INCLUDING BUT NOT LIMITED TO  
PERSONAL OR BUSINESS CHECKS, WILL BE RETURNED AS INELIGIBLE.

**PLEASE  
NOTE:**

OCABR will not process any renewal application if it is postmarked more than **30 days** beyond the expiration of the HIC Registration. See 201 CMR 18.02(6)(b). Failure to submit a timely renewal application will require a contractor (1) to obtain a **new HIC Registration card**, and (2) to pay associated registration and Guaranty Fund fees.

1. Name of Applicant as listed on Current Registration: \_\_\_\_\_

2. Registration Number: \_\_\_\_\_

3. Email (*required*): \_\_\_\_\_

4. Industry Type (Select all that apply): ☐ Carpentry ☐ Painting ☐ Roofing ☐ Other

5. D/B/A used by Applicant: \_\_\_\_\_

*(If filing as a D/B/A, you must provide a current copy of the Business Certificate filed with the City or Town Clerk.)*

6. Address/Telephone Number of Applicant (if different from current registration):

\_\_\_\_\_

Telephone #: \_\_\_\_\_

\_\_\_\_\_

7. No. of Employees (if different from current registration): \_\_\_\_\_

8. If Applicant is a Partnership, Corporation, or Trust, indicate the name, Social Security No., and contact number of the individual responsible for Applicant's work (if different from current registration).

\_\_\_\_\_ Social Security #: \_\_\_\_\_  
*First Middle Last*

Telephone #: \_\_\_\_\_

9. Registration Renewal Fee enclosed: \$\_\_\_\_\_. Make all certified checks or money orders payable to "Commonwealth of Massachusetts." **ONLY CERTIFIED CHECKS OR MONEY ORDERS CAN BE ACCEPTED WHEN RENEWING BY MAIL.**

Pursuant to Massachusetts General Laws Chapter 62C § 49A, I certify under the penalties of perjury that, to the best of my knowledge and belief, I have filed all state tax returns and paid all state taxes required under law.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Title held, if applicable

\_\_\_\_\_  
Date

**A FALSE ANSWER TO ANY QUESTION IN THIS APPLICATION CONSTITUTES GROUNDS FOR  
SUSPENSION OR REVOCATION OF THE APPLICANT'S REGISTRATION.**